STUDENT PETITION

Name_____________________________________________________________________________________

Address___________________________________________________________________________________

Student ID Number _______________________________    Day Time Number________________________

Please specify the semester, department, the course number, title, section number and instructor if a particular course is involved

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“Once registered, students are responsible for full payment unless they properly withdraw from class according to the published refund policy. Non-payment or non-attendance is not a basis for cancellation of a student’s obligations.” Retroactive withdrawal appeals are only considered for periods of enrollment within the fiscal year (July 1st through June 30th).

REASON FOR PETITION

___________________________________________________________________________________________

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(    ) Medical documentation including dates of illness is attached.

If you need additional space, check here (   ) and use reverse side.

_________________________________________________________________      _______________________

Student’s Signature                                                                                     Date

Please Do Not Write Below This Line

(    ) Approved:                                                                                     Disapproved:

(    ) Referred:                                                                                      

(    ) Other:

Revised December 11, 2007